



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2009
OF THE CONDITION AND AFFAIRS OF THE

Humana Health Plan, Inc.

NAIC Group Code	0119	,	0119	NAIC Company Code	95885	Employer's ID Number	61-1013183
	(Current Period)		(Prior Period)				
Organized under the Laws of	Kentucky			, State of Domicile or Port of Entry	Kentucky		
Country of Domicile	United States						
Licensed as business type:	Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity [] Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X] Other [] Is HMO, Federally Qualified? Yes [X] No []						
Incorporated/Organized	08/23/1982			Commenced Business	09/23/1983		
Statutory Home Office	321 West Main Street - 12th Floor			,	Louisville, KY 40202		
	(Street and Number)				(City, State and Zip Code)		
Main Administrative Office	321 West Main Street - 12th Floor						
	Louisville, KY 40202				502-580-1000		
	(City, State and Zip Code)				(Area Code) (Telephone Number)		
Mail Address	P.O. Box 740036			,	Louisville, KY 40201-7436		
	(Street and Number or P.O. Box)				(City, State and Zip Code)		
Primary Location of Books and Records	321 West Main Street - 12th Floor						
	Louisville, KY 40202				502-580-1000		
	(City, State and Zip Code)				(Area Code) (Telephone Number) (Extension)		
Internet Web Site Address	www.humana.com						
Statutory Statement Contact	Abby Goodloe			,	502-580-1632		
	(Name)				(Area Code) (Telephone Number) (Extension)		
	agoodloe1@humana.com				502-580-2099		
	(E-Mail Address)				(Fax Number)		

OFFICERS

Name	Title	Name	Title
Michael Benedict McCallister	President & CEO	Joan Olliges Lenahan	VP & Corporate Secretary
James Harry Bloem	Sr. VP, CFO & Treasurer	Frank Murray Amrine	Appointed Actuary

OTHER OFFICERS

Randa Lynn Anderson-Stice	Reg.Pres. - Sr. Prod/Central Reg.	George Grant Bauernfeind	Vice President
Jeffrey Bergin Bringardner	Market President - Kentucky	John Ellis Brown	VP - Medicare Service Operations
John Gregory Catron	Vice President	Peter James Edwards	VP & Div. Leader - Eastern Div.
Mark Sobhi El-Tawil	Market President - Arizona	Mark Jason Fehring	Regional VP - Finance
Gary Edward Goldstein M.D.	VP & Div. Leader - Central Div.	Deborah Ann Gracey	Reg.Pres.-Sr.Prod/Great Lakes
Robert Todd Hitchcock	VP & Div. Leader - Western Div.	Michael Allen Kasper	Market President - Chicago
Mark Everett Kiffer D.O.	Mkt VP/CMO - Sr Prod/Phoenix	Paul Francis Kraemer	Regional CEO - East
Thomas Joseph Liston	Sr. Vice President - Sr. Prod.	Clarence Evans Looney	Market President - Tennessee
Kenneth Scott Malcolmson	Regional CEO	Heidi Suzanne Margulis	Sr. Vice President
Veronica Lynn Martin	Market President - Indianapolis	Kevin Ross Meriwether	Reg. President - Sr. Prod/East
Paul Phillip Moore	Reg. CEO - West	Khalid Nazir #	Vice President
Daniel Joseph Oftedahl	Market President - Colorado	Kathleen Stephenson Pellegrino	Vice President & Asst. Secretary
George Renaudin	VP & Div. Leader - Southern Div.	Oraida Maria Roman	Reg. Pres. - Sr. Prod./Nevada
Larry Dale Savage	Regional CEO	Debra Anne Smith	Reg. President - Sr. Prod/West
William Joseph Tait	Vice President	Gary Dean Thompson	Vice President
Melissa Louise Weaver M.D. #	Vice President	Timothy Alan Wheatley	VP - Sr. Products/Finance
Ralph Martin Wilson	Vice President		

DIRECTORS OR TRUSTEES

Michael Benedict McCallister	James Elmer Murray	Melissa Louise Weaver M.D. #
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State of Kentucky
County of Jefferson

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The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices* and *Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Michael Benedict McCallister
President & CEO

Joan Olliges Lenahan
VP & Corporate Secretary

James Harry Bloem
Sr. VP, CFO & Treasurer

Subscribed and sworn to before me this
17th day of February, 2010

Myra Carpenter Notary Public
August 9, 2013

a. Is this an original filing? Yes [X] No []
b. If no:
1. State the amendment number
2. Date filed
3. Number of pages attached

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Humana Health Plan, Inc.

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals	70,077	11,474				81,551
Group subscribers:						
THORNTONS INC.....	221,082					221,082
FEHBP-PHOENIX-DB.....	91,772					91,772
SOURCE ONE MANAGEMENT INC.....	66,487					66,487
FEHBP-KANSAS CITY-PH.....	65,621					65,621
PIONEER LANDSCAPING MATERIALS I.....	56,053					56,053
BLACKHAWK STEEL CORP.....	55,545					55,545
CENTERS FOR NEW HORIZONS.....	55,291					55,291
TREASURE ISLAND FOODS INC.....	42,465					42,465
SPHERION CORPORATION.....	27,641	3,491	5,567	643	643	36,700
THE WOODLAWN ORGANIZATION.....	35,331	1,777				37,108
MIDWAY NEUROLOGICAL & REHAB.....	30,661					30,661
LITTLE SISTERS OF THE POOR 177.....	26,851					26,851
THE LYONS COMPANIES.....	26,366					26,366
COLUMBINE CARPET CORPORAT.....		74	6,176	20,052	20,052	6,249
SAINT ANTHONY HOSPITAL.....	25,560					25,560
SOUND SOLUTIONS WINDOWS.....	24,422					24,422
YMCA OF GREATER KANSAS CITY.....	20,027					20,027
CURASTAT.....	20,005					20,005
PHOTO STENCIL LLC.....	17,894					17,894
DAVID CONSTRUCTION INC.....	15,818					15,818
ALEXA ENTERPRISES INC.....	13,221					13,221
ICON PAYMENT SOLUTIONS.....				13,144	13,144	
VICTOR C. NEUMANN ASSOC.....	12,469					12,469
COBRA 179.....	11,614					11,614
REDZONE GROUP LLC.....	10,132					10,132
EVANGEL WORLD PRAYER CTR.....	10,002					10,002
0299997 Group subscriber subtotal	982,330	5,342	11,743	33,839	33,839	999,415
0299998 Premiums due and unpaid not individually listed	10,438,947	39,200	32,585	144,152	144,152	10,510,733
0299999 Total group	11,421,277	44,542	44,328	177,991	177,991	11,510,148
0399999 Premiums due and unpaid from Medicare entities	66,679	18,039	12,923	73,909	73,909	97,641
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 13)	11,558,033	74,055	57,251	251,900	251,900	11,689,340

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Humana Health Plan, Inc.

EXHIBIT 3 - HEALTH CARE RECEIVABLES

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ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Humana Health Plan, Inc.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
ACCREDITO HEALTH GROUP INC.		5,994		5,994		11,988
Adv Good Shepherd Hospital	5,959	4,378			596	10,933
Alexian Brothers Center	28,614					28,614
Apria Healthcare Inc.	12,309	2,016	321		6,106	20,752
AURORA SHEBOYGAN MEDICAL CENTER				1,033	19,556	20,589
Banner Baywood Medical Center	16,920					16,920
BANNER DESERT MEDICAL CENTER	10,490					10,490
BANNER GOOD SAM MEDICAL CENTER	11,036				25,738	36,774
BANNER THUNDERBIRD MEDICAL CENTER	40,364	3,837				44,201
Baptist Hospital	96,943		0		8,259	105,202
Baptist Hospital East	184,079	2,062	12,316	867	3,407	202,731
Bayfront Medical Center	60,427		33,985	67	0	94,479
Bethesda Hospital Inc.	106,429	6,743	798	2,074	1,480	117,524
BOULDER COMMUNITY HOSPITAL	15,181	1,177		515		16,873
Butler County Medical Center	6,649				7,415	14,064
Cardinal Hill Rehabilitation Hospital	46,375	23,104	47,213	14,063	25,678	156,433
Caresource OH	55,686					55,686
CENTENNIAL MEDICAL CENTER					23,350	23,350
Central Baptist Hospital	50,883	4,555	10,954		6,907	73,299
Childrens Hosp Home Health	3,691		436		6,914	11,041
CHILDRENS HOSPITAL MEDICAL CENTER	246,059	39,109	3,483		11,185	299,836
CHILDRENS HOSPITAL OF WISCONSIN	33,838			456	1,516	35,810
Christ Hospital	215,903	13,900		12,588	10,722	253,113
Clarian Health Partners	232	223,690	108,285			332,207
Clark Memorial Hospital	27,115	482				27,597
COLUMBIA ST MARYS HOSPITAL	892	124		8,971	3,821	13,808
CORPUS CHRISTI MEDICAL CENTER	29,354					29,354
Des Peres Hospital					10,869	10,869
DIALYSIS CLINIC INC					10,308	10,308
Drake Outpatient Services	24,453					24,453
Duke University Hospital	56,569		9,853			66,422
Edward White Hospital Inc.	23,105					23,105
ELMBROOK MEMORIAL HOSPITAL	7,954	2,708	923	38		11,623
Emory University Hospital	33,937					33,937
Ephraim McDowell Reg Med Ctr	6,642	3,793	12		346	10,793
Floyd Memorial Hospital	10,196		667			10,863
Fort Hamilton Hospital	27,912	2,098	28		315	30,353
Frazier Rehab Institute	10,013	23,051	381		2,051	35,496
FROEDTERT MEMORIAL LUTHERAN HOSPITAL	7,527	534	13,417	31	18,422	39,931
GENTIVA CARECENTRIX	171	2,881		7	8,317	11,376
Good Samaritan Hospital	280,120	3,927	649	134	9,056	293,886
Indiana Medicaid	55,726					55,726
Jackson Memorial Hospital	167,034		98	98	218,647	385,877
Jewish Hospital	92,547	6,131			84	98,762
Jewish Hospital Inc.	141,249	60,893	73,592	770	8,179	284,683
Jewish Hospital Shelbyville	20,227					20,227
John C Lincoln Hospital North	45,089					45,089
KARMANOS CANCER CENTER			16,824		333	17,157
Kindred Hospital Louisville	314			21,620		21,934
Kosair Childrens Hospital	38,158	2,997	949	3,049	2,287	47,440
Labcorp of America Holdings	8,674	4,242	231		514	13,661
MD ANDERSON CANCER CENTER	53,022			71,365		124,387
Mercy Franciscan Hosp Western	30,814	0	141	207	5,253	36,415
Mercy Franciscan Hospital	32,523	242	2,327	328	706	36,126
Mercy Hospital Anderson	3,092	5,158	1,601		4,932	14,783

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EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
MERCY HOSPITAL CLERMONT.....	6,261	1,308	1,101		1,348	10,018
Mercy Hospital Fairfield.....	8,184	10,226	2,560	1,024	496	22,490
Meriter Hospital Inc.....				10,555		10,555
METHODIST SPECIALTY TRANSPLANT.....	1,684		19,611			21,295
Miami Childrens Hospital.....			20,291			20,291
Midwestern Regional Medical Center.....	16,205					16,205
NORTH AUSTIN MEDICAL CENTER.....	11,752					11,752
NORTH CENTRAL BAPTIST HOSPITAL.....	25,707					25,707
North Colorado Medical Center.....	13,312					13,312
NORTH FULTON REGIONAL HOSPITAL.....	23,661					23,661
NORTHSIDE HOSPITAL.....	242,262	30,651	143,138		5,057	421,108
Northwest Medical Center.....	23,223	4,728			5,434	33,385
Northwestern Memorial Hospital.....	12,667					12,667
Norton Audubon Hospital.....	97,839	2,228			412	100,479
Norton Hospitals Inc.....	208,664	9,718			1,866	220,248
Norton Suburban Hospital.....	89,178	3,583	5,768	6,903	30,165	135,597
ODJFS.....	86,636					86,636
Owensboro Medical Health System.....	19,086	5,610				24,696
Paradise Valley Hospital.....	27,452	7,950	64		3,606	39,072
PARKWEST MEDICAL CENTER.....	17,132					17,132
PASCO REGIONAL MEDICAL CENTER.....					51,016	51,016
PENROSE ST FRANCIS HOSPITAL.....	35,690	3,106		599		39,395
Phoenix Childrens Hospital.....	27,377					27,377
Provena Mercy Medical Center.....	15,767					15,767
QUEST DIAGNOSTICS.....	8,138	1,444	1,373	306	14,947	26,208
ROCKY MOUNTAIN HOLDINGS LLC SE.....	15,782	4,837				20,619
SAINTS MARY AND ELIZABETH HOSPITAL.....	21,177	663	104		10,090	32,034
Sarasota Memorial Hospital.....	16,017					16,017
SCOTTSDALE HEALTHCARE OSBORN.....	26,582					26,582
SETON MEDICAL CENTER.....	35,088					35,088
Shawnee Mission Medical Center.....	24,297					24,297
ST ANTHONYS HOSPITAL INC.....	36,722	127				36,849
St Elizabeth Medical Center.....	210,837	25,220	1,343	561	5,447	243,408
St Joseph East Hospital.....	68,155	697	253		426	69,531
ST JOSEPHS HOSPITAL INC.....	69,729					69,729
St Josephs Hospital Medical Center.....	104,380					104,380
St Josephs Hospital of Atlanta.....	86,355	5,762	55		38	92,210
St Josephs Womens Hospital.....	61,108	828				61,936
St Lukes Medical Center.....	35,691	4,531			165,660	205,882
St Vincent Mercy Medical Center.....					18,651	18,651
Stanford Medical Center.....					11,304	11,304
Summit Surgical Center.....	17,882		0			17,882
TAMPA GENERAL HOSPITAL.....	11,960	43,771	142			55,873
THE MEDICAL CENTER AT BOWLING.....	24,706	4,725	4,813		3,697	37,941
THE METHODIST HOSPITAL.....	58,873					58,873
Tucson Heart Hospital.....					26,515	26,515
Tulane University Hospital.....	16,781	12				16,793
University Community Hospital.....	18,172					18,172
University Hospital.....	203,446	19,903	4,149	3,849	77,929	309,276
UNIVERSITY OF COLORADO HOSPITA.....	1,635	158			17,340	19,133
UNIVERSITY OF KANSAS HOSPITAL.....	17,391				1,224	18,615
University of Louisville Hospital.....	208,548	105,063				313,611
UNIVERSITY POINTE HOSPITAL.....	11,867			662		12,529
VISTA MEDICAL CENTER EAST.....	28,612					28,612
Wellstar Cobb Hospital Inc.....	55,427	575				56,002
Wellstone Regional Hospital.....	9,493	1,457	2,081		3,498	16,529

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Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
a UNABLE TO UPDATE PROVIDER INFO.....	6,107	7,720	2,832			16,659
Arvind Ahuja.....	27,979					27,979
HOLY CROSS HOSPITAL.....				19,362	12,762	32,124
James Essell.....	10,812					10,812
NORTHWEST COMMUNITY HOSPITAL.....				78,667	923	79,590
NORTHWEST MEDICAL CENTER.....	14,203					14,203
Robert Cody.....	13,999					13,999
SKY RIDGE MEDICAL CENTER.....	15,374					15,374
Brandon Regional Hospital.....	16,630					16,630
Mayo Clinic Jacksonville.....	1,206	350	10,137			11,693
ARH Regional Medical Center.....	22,678	923			2,870	26,471
Kings Daughters Medical Center.....	15,792	196			128	16,116
LASER SPINE INSTITUTE LLC.....		568	10,032			10,600
UK HEALTHCARE HOSPITAL.....	74,971	2,074	8,185	121	3,425	88,776
BLUE ASH DIALYSIS.....				6,217	52,062	58,279
Brookwood Medical Center.....		12,721				12,721
MEMORIAL HEALTH SYSTEM.....	19,129					19,129
Ohio State Univ Hospitals.....	22,988					22,988
PHOENIX BAPTIST HOSPITAL.....	24,440				1,847	26,287
Regency Hospital.....	167,897					167,897
SETON NORTHWEST HOSPITAL.....	11,688		96			11,784
SOUTHVIEW HOSPITAL & FAMILY.....	18,479				816	19,295
TURFWAY DIALYSIS.....	19,772					19,772
UNIVERSITY OF CHICAGO MEDICAL.....	25,291				5,044	30,335
Amerigroup Ohio.....	17,719				26	17,745
ATLANTA MEDICAL CENTER.....	15,682					15,682
AUSTIN LP EL MILAGRO DIALYSIS.....		41,331				41,331
BAPTIST MEDICAL CENTER BEACHES.....	311	333			20,390	21,034
DVA Healthcare Southwest Ohio.....			10,656			10,656
GEORGETOWN HOSPITAL.....	18,705					18,705
Largo Medical Center.....					187,932	187,932
Lourdes Hospital.....	20,024					20,024
Mountain Vista Medical Center.....	26,180					26,180
SOUTH GEORGIA MEDICAL CENTER.....	35,663				31	35,694
SOUTH SEMINOLE HOSPITAL.....	16,547					16,547
Taylor Regional Hospital.....	17,056	18,532				35,588
WINTON ROAD DIALYSIS.....				23,089	61,519	84,608
METHODIST HOSPITALS.....				14,445		14,445
Helen Ellis Memorial Hospital.....					13,027	13,027
Mease Dunedin Hospital.....	27,808					27,808
Ten Broeck Hospital KMI/KY.....	13,157					13,157
CEDAR PARK REGIONAL MED CTR.....	17,502					17,502
Elite Kidz Club.....	13,697					13,697
FRANCISCAN SKEMP LACROSSE.....	21,037					21,037
Presbyterian Hospital.....	13,759					13,759
UW HOSPITAL.....	17,659		13		143	17,815
FLORIDA CANCER SPECIALISTS.....	18,088					18,088
Town and Country Hospital.....	1,022	13,446				14,468
Childrens Healthcare of Atl.....	42,205	429		99		42,733
ST ELIZABETH HOSPITAL.....	23,372					23,372
KY Dept for Medicaid Service.....	25,730				2,113	27,843
NORTHKEY COMMUNITY CARE.....	630	6,048	4,234			10,912
PIKEVILLE MEDICAL CENTER INC.....	28,011	4,710	373	2,547		35,641
ARROWHEAD HOSPITAL.....	13,827					13,827
SETON MEDICAL CTR OF WILLIAMS.....	8,529	1,597				10,126
WOMANS HOSPITAL AT RIVER OAKS.....	18,731					18,731

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Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Centennial Medical Cntr.....					26,611	26,611
EVENDALE MEDICAL CENTER LLC.....	1,003				10,671	11,674
MAYFIELD CLINIC SPINE SURGERY.....	13,910					13,910
SAINT JOSEPH HEALTH SYSTEM.....	15,713					15,713
SAINT JOSEPH LONDON.....	8,901	10,833				19,734
ST LUKE HOSPITAL EAST.....	6,060	414			6,003	12,477
St Luke Hospital West.....	8,332	1,952	1,454	244	8,143	20,125
Robert Bohinski.....		10,097				10,097
AURORA HEALTH CARE METRO INC.....	21,045		1,749	409	353,074	376,277
Jackson Purchase Medical Ctr.....	2,371				9,743	12,114
LINDENGROVE INC.....	21,708	1,166		236		23,110
Option Care.....	187	8,980		28	2,865	12,060
St Francis Hospital Inc.....	12,988					12,988
WEST ALLIS MEMORIAL HOSPITAL.....	59,288	211		465	1,883	61,847
Cleveland Clinic Foundation Hospital.....	34,853	11,918				46,771
Florida Hospital Memorial.....	11,088					11,088
NRI SOUTH TAMPA.....				52,365	31,380	83,745
SHANDS JACKSONVILLE MED CTR.....				302	15,699	16,001
NORTHWESTERN MEMORIAL HOSPITAL.....				15,890	1,027	16,917
SCOTTSDALE HEALTHCARE.....	112,616					112,616
UNIVERSITY COMMUNITY HOSPITAL.....				42,217	48,334	90,551
ALEXIAN BROTHERS MEDICAL CTR.....				310,569	8,071	318,640
ST JOSEPH MEDICAL CENTER.....				44,919		44,919
Northside Forsyth.....	101,851					101,851
ACCREDITO HEALTH GROUP.....	3,189			21,103		24,292
APRIA HEALTHCARE INC.....	1,218			28,409	130	29,757
LINCARE INC.....	1,852			9,657		11,509
McCullough Hyde Memorial Hospital.....	21,682	2,661	487	4,441	86	29,357
NRI COVINGTON.....					92,217	92,217
OUR LADY OF LOURDES MEDICAL CENTER.....	159,132					159,132
WHEATON FRANCISCAN INC.....					13,941	13,941
ADVENTIST BOLINGBROOK HOSPITAL.....				23,939	6	23,945
ADVENTIST HINSDALE HOSPITAL.....				10,175	3,268	13,443
ADVOCATE CHRIST MEDICAL CNTR.....				184,757	31,132	215,889
ADVOCATE GOOD SAMARITAN.....				32,130	176	32,306
ADVOCATE GOOD SHEPHERD HOSPITAL.....				5,251	13,709	18,960
ADVOCATE HOME HEALTH SERVICE.....				12,898	1,773	14,671
ADVOCATE LUTHERAN GENERAL HOSPITAL.....				58,753	1,016	59,769
ADVOCATE NORTHSIDE HEALTH SYSTEM.....				119,088	3,250	122,338
ADVOCATE SOUTH SUBURBAN HOSPITAL.....				92,019	2,298	94,317
ADVOCATE SW AMBULATORY SURG CENTER.....				3,593	44,336	47,929
ADVOCATE TRINITY HOSPITAL.....				80,142	1,020	81,162
ALASKA VAHSRO.....				415	34,670	35,085
ALDEN DES PLAINES REHAB.....					11,149	11,149
ALDEN WATERFORD REHAB.....					22,007	22,007
ALLIANCE RADIOLOGY PA.....				12,761		12,761
AMERICANA HLTHCARE CTR OAKLAWN.....					20,702	20,702
ANESTHESIA ASSOCIATES OF KC PC.....				20,318	16,890	37,208
ANESTHESIOLOGY CHARTERED.....				11,021	22,276	33,297
ATP ANESTHESIA LLC.....					149,282	149,282
AURORA ANESTHESIA ASSOCIATES.....					79,325	79,325
BALLERT ORTHOPEDICS OF CHICAGO.....				11,068	567	11,635
BANNER BAYWOOD HEART HOSPITAL.....	7,442				41,964	49,406

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Humana Health Plan, Inc.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
BANNER BAYWOOD MEDICAL CENTER	107,545				1,734	109,279
BANNER BOSWELL MEDICAL CENTER	31,351	1,267				32,618
BANNER DEL E WEBB MED CTR	30,600	3,364				33,964
BANNER DESERT MEDICAL CENTER	42,883				3,308	46,191
BANNER ESTRELLA MEDICAL CENTER	157,238					157,238
BANNER GATEWAY MEDICAL CENTER	34,178					34,178
BANNER GOOD SAM MEDICAL CTR	164,841	6,495	3,639		723	175,698
BANNER THUNDERBIRD MED CENTER	149,158	1,450			3,572	154,180
BAPTIST HOSPITAL EAST				10,061		10,061
BAPTIST LUTHERAN MEDICAL					14,060	14,060
BRANDON AMBULATORY SURGERY				13,356		13,356
BRANDON ORTHOPEDIC ASSOCIATES				17,138	1,953	19,091
CATHOLIC HEALTH PARTNERS SYSTEM				19,597	348	19,945
CENTER FOR RENAL REPLACEMENT					41,933	41,933
CENTERPOINT AMB SURGERY				21,792	5,300	27,092
CENTERPOINT MEDICAL CENTER				857,478	6,452	863,930
CENTRAL DUPAGE HOSPITAL				16,452	26,599	43,051
CENTRAL TAMPA DIALYSIS				10,808		10,808
CHANDLER REGIONAL HOSPITAL	206,093				5,912	212,005
CHICAGO ANESTHESIA ASSOCIATES				10,061	32,454	42,515
CHILDRENS HOSP MEDICAL CENTER				23,530		23,530
COPLEY MEMORIAL HOSPITAL				70,637	244,734	315,371
COUNTRYSIDE CARE CENTRE				2,906	28,620	31,526
DALE A GLICKEN MD				1,973	75,388	77,361
DANIEL P MCCORMICK MD				13,914		13,914
DAY SURGERY FACILITIES				11,542	1,811,255	1,822,797
DCA PRAIRIE				42,811		42,811
DELMAR GARDENS OF OVERLAND PK				13,690	3,657	17,347
DIALYSIS CENTERS OF AMERICA				65,871		65,871
DIALYSIS CLINIC INC				30,366	315	30,681
DIALYSIS CTRS OF AMERICA				55,723	16,825	72,548
DISCOVER VISION CENTERS				18,013	105,948	123,961
DISCOVER VISION SURGERY				4,933	17,961	22,894
DISCOVER VISION SURGERY				5,576	244,407	249,983
DREYER AMBULATORY SURGERY				1,265	45,172	46,437
DVA HEALTHCARE RENAL CARE				16,056		16,056
EDWARD HOSPITAL				86,437	4,753	91,190
EDWARD VILLAFLOL MD				709	33,381	34,090
ELMHURST MEMORIAL HOSPITAL				188,585	5,440	194,025
EVANGELICAL HOSPITAL CORP				16,821	4,688,722	4,705,543
EVERGREEN ANESTHESIA & PAIN MG				1,573	10,593	12,166
EVERGREEN HEALTH CENTER				134	16,156	16,290
EYE SURGERY CENTER				9,313	36,299	45,612
EYE SURGERY CENTER THE				5,553	243,416	248,969
FAIRMONT CARE CENTER					24,804	24,804
FLORIDA ORTHOPAEDIC INSTITUTE				18,472	2,997	21,469
FMC GIBSON DIALYSIS				10,546	7,572	18,118
FOREIGN HOSPITAL					14,975	14,975
FOSTER G MCGAW HOSPITAL				57,221	904	58,125
FRESENIUS MEDICAL CARE OF IL				3,953	19,959	23,912
GAMBRO HEALTHCARE INC				27,600		27,600
GGNSC INDEPENDENCE II LLC				22,820		22,820
GOTTLIEB MEMORIAL HOSPITAL				216,650	5,804	222,454
HARMON MEDICAL AND REHABILITAT				757	74,727	75,484
HEALTHCARE USA				19,613	5,688	25,301
HEALTHSOUTH REHAB INSTITUTE		22,159				22,159

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Humana Health Plan, Inc.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
HEART OF AMERICA SURGERY CENTER.....				4,145	21,466	25,611
HEART OF AMERICA SURGERY CTR.....					1,214,768	1,214,768
HLG ANES ASSOCIATES LLC.....				1,119	31,226	32,345
HOLY FAMILY MEDICAL CENTER.....				198,180		198,180
ILLINOIS DEPT OF PUBLIC AID.....				5,808	33,231	39,039
ILLINOIS MASONIC MEDICAL.....				41,487	645	42,132
ILLINOIS MASONIC MEDICAL CTR.....					82,957	82,957
INGALLS MEMORIAL HOSPITAL.....				34,426	5,332	39,758
JACKSON PARK HOSPITAL.....				35,113	1,009	36,122
JEWISH HOSPITAL INC.....				23,620		23,620
JH STROGER HOSPITAL OF COOK.....				13,813	754	14,567
JOHANNA B CHOOKASZIAN MD.....					95,397	95,397
JOHN C LINCOLN DEER VALLEY.....	35,770					35,770
JOHN C LINCOLN HOSP N MOUNTAIN.....	10,464					10,464
JOHN H PAYNE MD.....				2,284	57,642	59,926
JOHN KNOX VILLAGE.....				11,841		11,841
KEN HUGHES MD.....				394	32,012	32,406
KIERNAN EXTENDED CARE.....				3,072	51,022	54,094
KINDRED HOSPITAL KANSAS CITY.....				31,112		31,112
LAFAYETTE REGIONAL HEALTH CTR.....				10,858		10,858
LAKEVIEW ANESTHESIA LLC.....					31,904	31,904
LEES SUMMIT HOSPITAL SUMMIT.....				51,591		51,591
LEES SUMMIT MEDICAL CENTER.....				121,062		121,062
LIBERTY HOSPITAL.....				16,381	2,861	19,242
LITTLE CO OF MARY HOSPITAL.....				184,753	97,587	282,340
LORETTO HOSPITAL.....				3,236	25,227	28,463
LOVELACE HOSP DOWNTOWN.....				22,688		22,688
LUTHERAN GENERAL HOSPITAL INC.....					32,795	32,795
M RAMEZ SALEM MD & ASSOCIATES.....					174,624	174,624
MACNEAL HEALTH PROVIDERS.....				1,307	27,305	28,612
MACNEAL HEALTH PROVIDERS INC.....				31,128	139,090	170,218
MANORCARE HEALTH SERVICES.....				33,862	2,671	36,533
MEDICAL CENTER OF AURORA.....	20,119		2,628	23,037		45,784
MEDICARE MSPRC GHP.....					14,575	14,575
MENORAH MEDICAL CENTER.....				370,156	11,465	381,621
MERCY CTR FOR HEALTH CARE.....					14,251	14,251
METROSOUTH MEDICAL CENTER.....				31,893	2,940	34,833
MICHAEL C STILES MD.....					13,607	13,607
MICHAEL REESE ANESTHESIA.....					51,548	51,548
MICHAEL REESE HOSP & MED CTR.....				158	30,302	30,460
MINIMALLY INVASIVE SURGERY.....				20,297	1,229	21,526
MORTON PLANT HOSPITAL.....				36,215		36,215
MOUNT SINAI HOSPITAL.....				14,021	19,036	33,057
MOUNTAIN VIEW HOSPITAL.....				133,748		133,748
NEOMEDICA EVERGREEN PARK.....				8,678	2,037	10,715
NEOMEDICA HOFFMAN ESTATES.....				15,728		15,728
NEOMEDICA HOME DIALYSIS.....				866	16,102	16,968
NEWPORT RICHEY KIDNEY CENTER.....					28,797	28,797
NO KANSAS HOSPITAL HOME HEALTH.....				14,187		14,187
NORTH KANSAS CITY HOSPITAL.....				458,370		458,370
NORTHSHORE UNIV HEALTH SYSTEM.....					40,488	40,488
NORTHSHORE UNIVERSITY HEALTH.....				13,297	64	13,361
NORTHSHORE UNIVERSITY HEALTH.....				55,060		55,060
NORTHWESTERN NEUROSURGICAL.....					13,498	13,498
NRI SOUTH HOLLAND.....				810	17,086	17,896
OAK PARK HOSPITAL.....				13,003	31,116	44,119

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Humana Health Plan, Inc.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
OLATHE MEDICAL CENTER INC.....				65,754	2,216	67,970
ORANGE PARK MEDICAL CTR INC.....				28,933		28,933
OUR LADY OF THE RESURRECTION.....				37,589		37,589
OVERLAND PARK REGIONAL MEDICAL.....				541,695	32,422	574,117
OVERLAND PARK SURGERY CENTER.....				30,830	44,966	75,796
PALOS COMMUNITY HOSPITAL.....				67,202		67,202
PARK RIDGE ANESTHESIOLOGY LTD.....				10,145	48,140	58,285
PRAIRIE MANOR NURSING & REHAB.....				11,220		11,220
PRECISE AMBULANCE COMPANY.....				9,778	490	10,268
PRESBYTERIAN HOSPITAL.....				18,123	8,825	26,948
PRESBYTERIAN ST LUKES MEDICAL.....	52,171					52,171
PROFESSIONAL ANESTHESIA SC.....				11,751	29,268	41,019
PROFESSIONAL HOME CARE SERVICE.....					108,898	108,898
PROVENA MERCY MEDICAL CENTER.....				20,909	1,085	21,994
PROVENA ST JOSEPH MEDICAL CTN.....				50,621		50,621
PROVENA ST MARYS HOSPITAL.....				11,084	601,012	612,096
PROVIDENCE MEDICAL CENTER.....				260,645		260,645
PSG SERVICES DBA INTERIM HEALTH.....				10,936	975	11,911
RANDAL R PEOPLES MD.....					13,381	13,381
RCG MERRIONETTE PARK.....				36,582		36,582
RCG SOUTH SURBURBAN.....				84,456		84,456
RCG VILLA PARK.....				115,331		115,331
RENOWN SOUTH MEADOWS MEDICAL.....				13,032		13,032
RESEARCH BELTON HOSPITAL.....				39,106		39,106
RESEARCH MEDICAL CENTER.....				906,405		906,405
RESEARCH PSYCHIATRIC CENTER.....				43,011	25,927	68,938
RESURRECTION MEDICAL CENTER.....				22,271	466	22,737
RICHARD E STEPHENSON MD.....				20,192	229,205	249,397
ROBERT A SHRIFTER MD.....					42,687	42,687
ROSE DEL IMA HOSPITAL.....				127,211	21,330	148,541
ROSE MEDICAL CENTER.....	33,850	6,349				40,199
ROSELAND COMMUNITY HOSPITAL.....				21,002	1,771	22,773
RUSH UNIVERSITY MEDICAL CTR.....				67,521	29,172	96,693
SCALABRINI LIFE CENTER.....				4,035	19,280	23,315
SENECA NURSING HOME INC.....				17,601		17,601
SHAWNEE MISSION MEDICAL CTR.....				181,112	6,460	187,572
SILVER CROSS HOSPITAL.....				9,729	675	10,404
SIRONA INFUSION LLC.....	1,274	726	2,498	326	24,583	29,407
SOUTH FLORIDA BAPTIST HOSPITAL.....				22,017		22,017
SOUTH SHORE HOSPITAL.....				19,327	120	19,447
SPRING VALLEY MEDICAL CENTER.....				71,535	97	71,632
SSH ANESTHESIA LLC.....				4,410	73,868	78,278
SSKG INC D/B/A.....					17,117	17,117
ST ALEXIUS MEDICAL CENTER.....				30,037	1,924	31,961
ST ANTHONY HOSPITAL GRANBY.....	31,704					31,704
ST FRANCIS HOSP OF EVANSTON.....				49,527	2,468	51,995
ST JAMES HOSPITAL MEDICAL CTR.....				40,653	7,171	47,824
ST JOHN HOSPITAL.....				23,346		23,346
ST JOSEPHS HOSP AND MED CTR.....	32,429	1,575	20,973			54,977
ST JOSEPHS HOSPITAL.....				115,439	3,889	119,328
ST JOSEPHS WOMENS HOSPITAL.....				39,776	229,915	269,691
ST LUKES EAST HOSPITAL.....				20,599	10,804	31,403
ST LUKES HOSP OF KANSAS CITY.....				118,151	406	118,557
ST LUKES MEDICAL CENTER.....	75,011					75,011
ST LUKES NORTHLAND HOSPITAL.....				50,126	301	50,427
ST MARGARET MERCY HEALTHCARE.....				70,808	1,861	72,669

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Humana Health Plan, Inc.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
ST MARYS MANOR.....				27,802		27,802
ST MARYS MEDICAL CENTER.....				256,007		256,007
ST ROSE DOMINICAN SAN MAR.....					14,142	14,142
ST ROSE DOMINICAN SIENA HOS.....				23,726	13,998	37,724
STEVEN R BYARS MD.....					14,831	14,831
SUMMERLIN HOSPITAL MEDICAL CENTER.....				17,893		17,893
SUPERIOR AIR GROUND AMBULANCE.....				16,337		16,337
SWEDISH COVENANT HOSPITAL.....				35,275	555,024	590,299
SWEDISH MEDICAL CENTER.....	50,147					50,147
TAMPA GENERAL HOSPITAL.....				85,935	16,312	102,247
THE GROVES.....				37,758	3,235	40,993
THI OF KANSAS.....				70,108		70,108
TOM A KARNEZIS MD.....				14,120		14,120
TOTAL RENAL CARE INC.....	12,801			29,410	14,420	56,631
TRANS HEALTH MANAGEMENT.....				8,305	74,202	82,507
TRUMAN MED CENTER LAKEWOOD.....				15,779	165	15,944
TRUMAN MED CTR HOSPITAL.....				28,355	6,322	34,677
TUCSON MEDICAL CENTER.....	38,411					38,411
UHS OF RIDGE DBA RIDGE.....					13,264	13,264
UNITED SHOCKWAVE SVCS LTD.....				12,953	186,934	199,887
UNIV MED CNTR SO NEVADA.....				39,257	619	39,876
UNIVERSITY OF CHICAGO.....				762	11,289	12,051
UNIVERSITY OF CHICAGO MED CTR.....				302,468	8,927	311,395
UNIVERSITY OF ILLINOIS MED CTR.....				161,759	110,025	271,784
UNIVERSITY OF KANSAS HOSPITAL.....				604,092	2,811	606,903
VALLEY HOSPITAL MEDICAL CENTER.....				76,740	1,194	77,934
VEGAS VALLEY REHABILITATION HOSPITAL.....					21,249	21,249
VEN CARE INC.....					15,501	15,501
VISTA MEDICAL CENTER EAST.....				6,760	7,074	13,834
WALGREENS HOME CARE INC.....	448			1,578	58,467	60,493
WALGREENS HOME MEDICAL.....				88	46,086	46,174
WALGREENS OPTIONCARE SAN ANTONIO.....					80,351	80,351
WARREN BARR NURSING PAVILION.....				10,053	10,061	20,114
WEST SUBURBAN HOSP MED CTR.....				13,837		13,837
WEST SUBURBAN MEDICAL CENTER.....				249,977	25,021	274,998
WESTERN MISSOURI MED CENTER.....				32,852		32,852
WESTLAKE HOSPITAL.....				9,476	3,142	12,618
WALGREENS OPTIONCARE INC.....		58			17,665	17,723
EXEMPLA LUTHERAN MEDICAL CTR.....	168,208					168,208
EXEMPLA SAINT JOSEPH HOSPITAL.....	13,898	1,618				15,516
MERCY HOSPITAL.....				310	64,857	65,167
PARKER ADVENTIST HOSPITAL.....	27,372					27,372
RAVEN DIALYSIS CENTER.....	14,390					14,390
THE NEBRASKA MEDICAL CTR.....	26,551					26,551
UNIVERSITY MEDICAL CENTER.....	11,176			3,996		15,172
UNIVERSITY OF COLORADO HOSPITAL.....	11,862					11,862
UMDC Department of Neurology.....					27,583	27,583
BRANDON REGIONAL HOSPITAL.....				25,543		25,543
SAINTS MARY & ELIZABETH MEDICAL CENTER.....				20,277	2,556	22,833
VANGUARD HEALTH SYSTEM.....				51,908	5,432	57,340
Emory University Hospital.....	36,813	2,172				38,985
Affinity Biotech Inc.....	28,617					28,617
BLUEGRASS ORTHOPAEDICS.....	6,056	2,166	4,546			12,768
BMA HARDIN COUNTY.....			20,585			20,585
Childrens Hosp DME.....	3,357	12,592			1,782	17,731
COLD SPRINGS DIALYSIS.....				11,218		11,218

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Humana Health Plan, Inc.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Decatur Memorial Hospital.....	20,750					20,750
Dublin Methodist Hospital.....	22,344					22,344
FLOYD CURL DIALYSIS.....		17,925	11,549			29,474
GA Dept of Community Health.....	17,899					17,899
Heritage Nursing and Rehab.....	10,042	621				10,663
Holston Valley Medical Center.....	36,496					36,496
LINCOLN TRAIL BEHAVIORAL HEALTH.....	10,519			1,953		12,472
LINDEN GROVE INC.....	63		12,340			12,403
Muhlenberg Hospital.....					11,634	11,634
New Lebanon Care and Rehabilitation.....	7,421	2,234	2,752			12,407
NNA AUSTIN ROUND ROCK.....	12,041					12,041
NORTHWEST REGIONAL ASC LLC.....	26,922					26,922
NORTON BROWNSBORO HOSPITAL.....	97,980	2,956				100,936
NRI BLUE RIVER VALLEY.....					48,883	48,883
PASSPORT HEALTH PLAN.....	69,797					69,797
RCG INDIANA LLC.....	23,864					23,864
Riverview Regional Medical Center.....	26,336					26,336
Select Specialty Hospital Milwaukee.....	26,924					26,924
St Elizabeth Medical Center Hospital.....		11,111			349	11,460
ST MARYS HOSPITAL MED CTR.....	19,937			117		20,054
TJ Samson Community Hospital.....	19,551					19,551
WESTERN HILLS DIALYSIS.....	12,915				80,651	93,566
ABBOTT NORTHWESTERN HOSPITAL.....				14,610		14,610
ADVENTIST GLEN OAKS HOSPITAL.....				33,953		33,953
ALBERTO DELATORRE M.D.....				15,435		15,435
ANDREW BURESH.....	15,488					15,488
ARROWHEAD HOSPITAL.....	42,772					42,772
BANNER DEL E WEBB MEDICAL CTR.....	12,135					12,135
BRIAN THORNTON.....	7,653		4,558		4,692	16,902
CARONDELET HEALTH NETWORK.....	15,158					15,158
CENTENNIAL HEALTH AFFILIATED.....	17,542					17,542
COLCHESTER HEALTH CARE.....					109,872	109,872
DESERT SPRINGS HOSPITAL.....				10,933		10,933
FLOWERS HOSPITAL.....					12,315	12,315
Gerardo Zavala II.....					20,240	20,240
HILLHAVEN.....				54,344	180,112	234,456
IN HOME HEALTH INC.....	359			9,999		10,358
Jonathan Kaufman.....	12,774					12,774
KANSAS CITY CANCER CENTER.....				44,642		44,642
KIDNEY CENTER OF LAKEWOOD.....	17,206					17,206
LIFE CARE CENTER OF NORTH GLEN.....	10,094					10,094
MARC A LETELLIER MD.....	15,165					15,165
MARICOPA HEALTH SYSTEM.....	42,316					42,316
MARYVALE HOSPITAL.....	25,669					25,669
MERCY HOSPITAL & MEDICAL CTR.....				77,174	15,074	92,248
MICHAEL CASNELLIE.....	11,712					11,712
ORO VALLEY HOSPITAL.....	15,155					15,155
OVERLAND PARK NURSING & REHAB.....				20,979		20,979
PARADISE VALLEY HOSPITAL.....	58,029					58,029
PHOENIX BAPTIST HOSPITAL.....	195,757					195,757
PROVIDENCE HEALTH SYSTEM OR.....	41,544					41,544
RCG MARYVALE.....	13,388					13,388
RESURRECTION DBA ST JOSEPH HOSPITAL.....				112,113	4,346	116,459
Robert Graham II.....		11,095				11,095

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Humana Health Plan, Inc.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
ROYAL TERRACE NURSING.....				23,034		23,034
SAINT ELIZABETH HOSP SNU.....				12,872		12,872
SCOTTSDALE HEALTHCARE THOMPSON.....	47,691					47,691
SCOTTSDLE HLTH OSBORN.....	48,841					48,841
SEPEHR B SANI MD.....				14,046		14,046
SHERMAN HOSPITAL.....				53,906	487	54,393
SILVER HILLS HEALTHCARE CENTER.....				7,588	15,302	22,890
ST ANTHONY CENTRAL HOSPITAL.....					36,309	36,309
ST JOSEPHS HOSP MED CTR.....	38,938					38,938
ST MARYS SURGICAL CENTER.....				12,055		12,055
T H C LAS VEGAS.....				95,358	19,801	115,159
TUCSON HEART HOSPITAL.....	32,647					32,647
VA HEARTLAND WEST VISN 15.....				9,008	1,218	10,226
VHS OF ILLINOIS INC.....				501,920	22,663	524,583
WEST VALLEY HOSP MED CTR.....	17,220					17,220
0199999 Individually listed claims unpaid.....	9,509,438	1,015,850	682,646	12,658,615	16,481,599	40,348,147
0299999 Aggregate accounts not individually listed-uncovered.....						0
0399999 Aggregate accounts not individually listed-covered.....	2,799,282	663,458	288,820	2,424,490	1,778,695	7,954,745
0499999 Subtotals.....	12,308,720	1,679,308	971,466	15,083,105	18,260,294	48,302,892
0599999 Unreported claims and other claim reserves.....						113,948,832
0699999 Total amounts withheld.....						
0799999 Total claims unpaid.....						162,251,724
0899999 Accrued medical incentive pool and bonus amounts.....						1,987,544

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Humana Inc.....	7,512,841					7,512,841	
0199999 Individually listed receivables.....	7,512,841	0	0	0	0	7,512,841	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	7,512,841	0	0	0	0	7,512,841	0

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Humana Health Plan, Inc.

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

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EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	6,609,014		4,985,221	1,623,793	1,623,794	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	5,443,078		4,483,271	959,807	959,806	
6. Total	12,052,092	0	9,468,492	2,583,600	2,583,600	0



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION		Humana Health Plan, Inc.					2. _____			
NAIC Group Code	0119	BUSINESS IN THE STATE OF Alabama			DURING THE YEAR 2009			(LOCATION)		NAIC Company Code 95885
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

NONE

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ _____

29.AZ



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION				Humana Health Plan, Inc.				2. _____			(LOCATION)		
NAIC Group Code		0119		BUSINESS IN THE STATE OF Arizona		DURING THE YEAR 2009				NAIC Company Code		95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
			2	3									
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:													
1. Prior Year		35,594		25,451				428	9,715				
2 First Quarter		38,013		26,420				462	11,131				
3 Second Quarter		38,013		26,350				427	11,236				
4. Third Quarter		36,876		25,226				453	11,197				
5. Current Year		36,352		24,712				452	11,188				
6 Current Year Member Months		449,688		310,369				5,411	133,908				
Total Member Ambulatory Encounters for Year:													
7. Physician		191,536		78,964				1,602	110,970				
8. Non-Physician		156,003		55,020				719	100,264				
9. Total		347,539	0	133,984	0	0	0	2,321	211,234	0	0		
10. Hospital Patient Days Incurred		22,636		5,178				63	17,395				
11. Number of Inpatient Admissions		5,297		1,526				22	3,749				
12. Health Premiums Written (b).....		184,393,093		68,398,893				1,174,077	114,820,123				
13. Life Premiums Direct		0											
14. Property/Casualty Premiums Written		0											
15. Health Premiums Earned		184,393,093		68,398,893				1,174,077	114,820,123				
16. Property/Casualty Premiums Earned		0											
17. Amount Paid for Provision of Health Care Services		155,803,935		56,924,461				1,016,365	97,863,109				
18. Amount Incurred for Provision of Health Care Services		155,753,503		56,001,617				1,009,706	98,742,180				

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$114,820,123



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. (LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF Arkansas		DURING THE YEAR 2009				NAIC Company Code		95885
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

NONE

29.AR

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ _____



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION		Humana Health Plan, Inc.					2. _____					
NAIC Group Code		0119	BUSINESS IN THE STATE OF Colorado		DURING THE YEAR 2009					(LOCATION)		
										NAIC Company Code		95885

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$12,173,299



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. (LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF Idaho	DURING THE YEAR 2009								NAIC Company Code	95885
			Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year	0											
2. First Quarter	0											
3. Second Quarter	0											
4. Third Quarter	0											
5. Current Year	0											
6. Current Year Member Months	0											
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0		0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b).....	0											
13. Life Premiums Direct.....	0											
14. Property/Casualty Premiums Written.....	0											
15. Health Premiums Earned.....	0											
16. Property/Casualty Premiums Earned.....	0											
17. Amount Paid for Provision of Health Care Services	0											
18. Amount Incurred for Provision of Health Care Services	0											

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ _____



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION				Humana Health Plan, Inc.				2. _____				(LOCATION)			
NAIC Group Code		0119		BUSINESS IN THE STATE OF Illinois				DURING THE YEAR 2009				NAIC Company Code 95885			
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10				
			2	3											
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other				
Total Members at end of:															
1. Prior Year		86,340	408	40,623				18,585	26,724						
2. First Quarter		85,519	374	40,735				16,953	27,457						
3. Second Quarter		83,839	359	39,371				16,667	27,442						
4. Third Quarter		83,044	362	38,855				16,531	27,296						
5. Current Year		82,326	350	38,462				16,422	27,092						
6. Current Year Member Months		1,006,596	4,347	473,196				200,517	328,536						
Total Member Ambulatory Encounters for Year:															
7. Physician		587,923	1,186	129,084				136,904	320,749						
8. Non-Physician		421,981	1,515	164,896				50,974	204,596						
9. Total		1,009,904	2,701	293,980	0	0	0	187,878	525,345	0	0				
10. Hospital Patient Days Incurred		38,059	102	11,107				4,855	21,995						
11. Number of Inpatient Admissions		8,073	23	2,486				1,485	4,079						
12. Health Premiums Written (b)		522,222,474	2,561,387	150,995,022				78,809,086	289,856,979						
13. Life Premiums Direct		0													
14. Property/Casualty Premiums Written		0													
15. Health Premiums Earned		522,222,474	2,561,387	150,995,022				78,809,086	289,856,979						
16. Property/Casualty Premiums Earned		0													
17. Amount Paid for Provision of Health Care Services		451,100,996	2,498,967	130,094,897				71,525,606	246,727,057		254,469				
18. Amount Incurred for Provision of Health Care Services		452,289,595	2,558,667	127,916,231				69,332,084	252,228,144		254,469				

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$289,856,979



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION				Humana Health Plan, Inc.				2. _____				(LOCATION)			
NAIC Group Code		0119		BUSINESS IN THE STATE OF Indiana				DURING THE YEAR 2009				NAIC Company Code 95885			
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10				
			2	3											
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other				
Total Members at end of:															
1. Prior Year		1,334	9	1,325											
2. First Quarter		2,093	7	2,086											
3. Second Quarter		2,229	6	2,223											
4. Third Quarter		2,942	5	2,937											
5. Current Year		2,906	5	2,901											
6. Current Year Member Months		30,120	70	30,050											
Total Member Ambulatory Encounters for Year:															
7. Physician		9,572	22	9,550											
8. Non-Physician		6,345	15	6,330											
9. Total		15,917	37	15,880	0	0	0	0	0	0	0				
10. Hospital Patient Days Incurred		791	2	789											
11. Number of Inpatient Admissions		143		143											
12. Health Premiums Written (b).....		7,272,128	14,514	7,257,614											
13. Life Premiums Direct.....		0													
14. Property/Casualty Premiums Written.....		0													
15. Health Premiums Earned.....		7,272,128	14,514	7,257,614											
16. Property/Casualty Premiums Earned.....		0													
17. Amount Paid for Provision of Health Care Services		5,459,886	29,118	5,430,768											
18. Amount Incurred for Provision of Health Care Services		5,655,431	14,018	5,641,413											

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$0



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION		Humana Health Plan, Inc.					2. _____				
NAIC Group Code		0119	BUSINESS IN THE STATE OF Kansas			DURING THE YEAR 2009			(LOCATION)		
									NAIC Company Code		95885
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1. Prior Year		17,309		9,113				456	7,740		
2. First Quarter		15,885		7,467				469	7,949		
3. Second Quarter		15,173		6,779				465	7,929		
4. Third Quarter		13,697		5,290				479	7,928		
5. Current Year		13,430		5,040				478	7,912		
6. Current Year Member Months		175,272		74,524				5,648	95,100		
Total Member Ambulatory Encounters for Year:											
7. Physician		111,478		21,668				1,585	88,225		
8. Non-Physician		97,442		14,357				454	82,631		
9. Total		208,920	0	36,025	0	0	0	2,039	170,856	0	0
10. Hospital Patient Days Incurred		14,555		1,411				37	13,107		
11. Number of Inpatient Admissions		2,795		336				16	2,443		
12. Health Premiums Written (b).....		99,932,288		18,526,319				1,095,232	80,310,737		
13. Life Premiums Direct.....		0									
14. Property/Casualty Premiums Written.....		0									
15. Health Premiums Earned.....		99,932,288		18,526,319				1,095,232	80,310,737		
16. Property/Casualty Premiums Earned.....		0									
17. Amount Paid for Provision of Health Care Services		79,315,755		12,641,604				2,029,713	64,644,438		
18. Amount Incurred for Provision of Health Care Services		79,869,040		11,613,771				2,062,586	66,192,683		

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$80,310,737



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. (LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF Kentucky		DURING THE YEAR 2009				NAIC Company Code		95885
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	177,632	14,456	163,011				165			
2. First Quarter	163,535	15,285	148,067				183			
3. Second Quarter	155,664	16,172	139,299				193			
4. Third Quarter	158,838	17,430	141,212				196			
5. Current Year	155,930	17,912	137,827				191			
6. Current Year Member Months	2,206,747	230,355	1,974,124				2,268			
Total Member Ambulatory Encounters for Year:										
7. Physician	82,913	81,682	0				1,231			
8. Non-Physician	589,747	77,200	512,089				458			
9. Total	672,660	158,882	512,089	0	0	0	1,689	0	0	0
10. Hospital Patient Days Incurred	37,149	3,819	33,304				26			
11. Number of Inpatient Admissions	9,619	988	8,618				13			
12. Health Premiums Written (b)	509,601,102	24,159,637	484,869,744				571,721			
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	509,582,014	24,140,549	484,869,744				571,721			
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	450,162,127	16,152,287	433,512,217				492,417			5,206
18. Amount Incurred for Provision of Health Care Services	439,159,175	16,434,835	422,223,122				496,012			5,206

(a) For health business: number of persons insured under PPO managed care products and number of persons under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 0



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION				Humana Health Plan, Inc.				2. _____				(LOCATION)			
NAIC Group Code		0119		BUSINESS IN THE STATE OF Missouri				DURING THE YEAR 2009				NAIC Company Code 95885			
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10				
			2	3											
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other				
Total Members at end of:															
1. Prior Year		21,997	4	3,712				5,574	12,707						
2 First Quarter		22,039	4	2,936				5,540	13,559						
3 Second Quarter		21,927	3	2,785				5,495	13,644						
4 Third Quarter		21,869	2	2,706				5,477	13,684						
5 Current Year		21,681	2	2,497				5,444	13,738						
6 Current Year Member Months		262,848	34	33,435				66,011	163,368						
Total Member Ambulatory Encounters for Year:															
7. Physician		191,214	4	4,006				44,796	142,408						
8. Non-Physician		175,738	18	17,923				19,794	138,003						
9. Total		366,952	22	21,929	0	0	0	64,590	280,411	0	0				
10. Hospital Patient Days Incurred		22,251	1	902				1,380	19,968						
11. Number of Inpatient Admissions		4,476	2	110				477	3,887						
12. Health Premiums Written (b).....		173,318,386	35,962	12,197,927				25,721,067	135,363,430						
13. Life Premiums Direct		0													
14. Property/Casualty Premiums Written		0													
15. Health Premiums Earned		173,318,386	35,962	12,197,927				25,721,067	135,363,430						
16. Property/Casualty Premiums Earned		0													
17. Amount Paid for Provision of Health Care Services		142,696,462	39,542	13,844,038				22,781,029	106,031,853						
18. Amount Incurred for Provision of Health Care Services		144,312,603	37,842	13,009,025				22,314,972	108,950,764						

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$135,363,430



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. (LOCATION)

NAIC Group Code		0119		BUSINESS IN THE STATE OF Nebraska		DURING THE YEAR 2009					NAIC Company Code		95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10			
			2	3										
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other			
Total Members at end of:														
1. Prior Year		0												
2. First Quarter		0												
3. Second Quarter		0												
4. Third Quarter		0												
5. Current Year		0												
6. Current Year Member Months		0												
Total Member Ambulatory Encounters for Year:														
7. Physician		0												
8. Non-Physician		0												
9. Total		0	0	0	0	0	0	0	0	0	0			
10. Hospital Patient Days Incurred		0												
11. Number of Inpatient Admissions		0												
12. Health Premiums Written (b).....		0												
13. Life Premiums Direct.....		0												
14. Property/Casualty Premiums Written.....		0												
15. Health Premiums Earned.....		0												
16. Property/Casualty Premiums Earned.....		0												
17. Amount Paid for Provision of Health Care Services		0												
18. Amount Incurred for Provision of Health Care Services		0												

NONE

29.NE

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ _____



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION		Humana Health Plan, Inc.					2. _____				
NAIC Group Code		0119	BUSINESS IN THE STATE OF Nevada		DURING THE YEAR 2009			(LOCATION)			
								NAIC Company Code		95885	
										</	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$316,666,791



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION		Humana Health Plan, Inc.					2. _____			
NAIC Group Code	0119	BUSINESS IN THE STATE OF New Mexico			DURING THE YEAR 2009			(LOCATION)		
								NAIC Company Code 95885		
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	608							608		
3. Second Quarter	672							672		
4. Third Quarter	708							708		
5. Current Year	734							734		
6. Current Year Member Months	7,896							7,896		
Total Member Ambulatory Encounters for Year:										
7. Physician	3,465							3,465		
8. Non-Physician	8,808							8,808		
9. Total	12,273	0	0	0	0	0	0	12,273	0	0
10. Hospital Patient Days Incurred	595							595		
11. Number of Inpatient Admissions	109							109		
12. Health Premiums Written (b).....	5,285,598							5,285,598		
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	5,285,598							5,285,598		
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	3,579,649							3,579,649		
18. Amount Incurred for Provision of Health Care Services	3,956,133							3,956,133		

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$5,285,598



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. (LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF South Carolina		DURING THE YEAR 2009				NAIC Company Code		95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1. Prior Year		0									
2 First Quarter		0									
3 Second Quarter		0									
4. Third Quarter		0									
5. Current Year		0									
6 Current Year Member Months		0									
Total Member Ambulatory Encounters for Year:											
7. Physician		0									
8. Non-Physician		0									
9. Total		0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred		0									
11. Number of Inpatient Admissions		0									
12. Health Premiums Written (b).....		0									
13. Life Premiums Direct.....		0									
14. Property/Casualty Premiums Written.....		0									
15. Health Premiums Earned.....		0									
16. Property/Casualty Premiums Earned.....		0									
17. Amount Paid for Provision of Health Care Services		0									
18. Amount Incurred for Provision of Health Care Services		0									

NONE

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ _____



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION		Humana Health Plan, Inc.					2. _____				
NAIC Group Code		0119	BUSINESS IN THE STATE OF Tennessee			DURING THE YEAR 2009			(LOCATION)		
									NAIC Company Code		
									95885		
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1. Prior Year		0									
2. First Quarter		92		92							
3. Second Quarter		176		176							
4. Third Quarter		235		235							
5. Current Year		1,083		1,083							
6. Current Year Member Months		3,396		3,396							
Total Member Ambulatory Encounters for Year:											
7. Physician		710		710							
8. Non-Physician		250		250							
9. Total		960	0	960	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred		84		84							
11. Number of Inpatient Admissions		20		20							
12. Health Premiums Written (b).....		971,015		971,015							
13. Life Premiums Direct.....		0									
14. Property/Casualty Premiums Written.....		0									
15. Health Premiums Earned.....		971,015		971,015							
16. Property/Casualty Premiums Earned.....		0									
17. Amount Paid for Provision of Health Care Services		497,534		497,534							
18. Amount Incurred for Provision of Health Care Services		552,764		552,764							

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$0



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. (LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF Virginia	DURING THE YEAR 2009								NAIC Company Code	95885
			Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year	0											
2. First Quarter	0											
3. Second Quarter	0											
4. Third Quarter	0											
5. Current Year	0											
6. Current Year Member Months	0											
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b).....	0											
13. Life Premiums Direct.....	0											
14. Property/Casualty Premiums Written.....	0											
15. Health Premiums Earned.....	0											
16. Property/Casualty Premiums Earned.....	0											
17. Amount Paid for Provision of Health Care Services	0											
18. Amount Incurred for Provision of Health Care Services	0											

NONE

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ _____



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION		Humana Health Plan, Inc.					2. _____			
NAIC Group Code	0119	BUSINESS IN THE STATE OF Washington			DURING THE YEAR 2009			(LOCATION)		
								NAIC Company Code		
								95885		
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. (LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2009				NAIC Company Code		95885
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	381,843	14,877	258,828	3	0	0	25,208	82,927	0	0
2 First Quarter	374,769	15,670	247,549	3	0	0	23,607	87,940	0	0
3 Second Quarter	366,970	16,540	238,850	3	0	0	23,247	88,330	0	0
4. Third Quarter	367,649	17,799	238,608	3	0	0	23,136	88,103	0	0
5. Current Year	365,674	18,269	236,528	2	0	0	22,987	87,888	0	0
6 Current Year Member Months	4,688,908	234,806	3,118,154	33	0	0	279,855	1,056,060	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	1,477,936	82,894	275,924	0	0	0	186,118	933,000	0	0
8. Non-Physician	1,750,901	78,748	799,975	0	0	0	72,399	799,779	0	0
9. Total	3,228,837	161,642	1,075,899	0	0	0	258,517	1,732,779	0	0
10. Hospital Patient Days Incurred	141,217	3,924	54,989	0	0	0	6,361	75,943	0	0
11. Number of Inpatient Admissions	31,650	1,013	13,875	0	0	0	2,013	14,749	0	0
12. Health Premiums Written (b).....	1,903,414,354	26,771,500	814,785,482	9,232	0	0	107,371,183	954,476,957	0	0
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....	1,903,395,266	26,752,412	814,785,482	9,232	0	0	107,371,183	954,476,957	0	0
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	1,588,666,782	18,719,914	687,422,613	3,801	0	0	97,845,130	784,415,649	0	259,675
18. Amount Incurred for Provision of Health Care Services	1,595,736,271	19,045,362	671,482,820	3,512	0	0	95,215,360	809,729,542	0	259,675

(a) For health business: number of persons insured under PPO managed care products and number of persons under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 954,476,956

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Humana Health Plan, Inc.

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Humana Health Plan, Inc.

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Humana Health Plan, Inc.

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

[illegible]

33

Reinsurance Ceded to Unauthorized Companies

[illegible]

Schedule S - Part 5

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2009	2 2008	3 2007	4 2006	5 2005
A. OPERATIONS ITEMS					
1. Premiums.....	136,181	90,630	22,049	308	17,648
2. Title XVIII-Medicare.....	0	0	0	0	2,346
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....	81,516	95,924	18,375	147	16,822
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable.....	9,402	8,519	2,991	67	3,754
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O)	0	0	0	0	0

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	346,092,214		346,092,214
2. Accident and health premiums due and unpaid (Line 13).....	24,273,389		24,273,389
3. Amounts recoverable from reinsurers (Line 14.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	9,401,628	9,401,628
5. All other admitted assets (Balance).....	35,061,980		35,061,980
6. Total assets (Line 26)	405,427,583	9,401,628	414,829,211
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	152,850,096	9,401,628	162,251,724
8. Accrued medical incentive pool and bonus payments (Line 2).....	1,987,544		1,987,544
9. Premiums received in advance (Line 8).....	17,888,474		17,888,474
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17).....	0		0
11. Reinsurance in unauthorized companies (Line 18).....	0		0
12. All other liabilities (Balance).....	57,086,455		57,086,455
13. Total liabilities (Line 22).....	229,812,569	9,401,628	239,214,197
14. Total capital and surplus (Line 31).....	175,615,014	XXX	175,615,014
15. Total liabilities, capital and surplus (Line 32)	405,427,583	9,401,628	414,829,211
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid.....	9,401,628		
17. Accrued medical incentive pool.....	0		
18. Premiums received in advance	0		
19. Reinsurance recoverable on paid losses	0		
20. Other ceded reinsurance recoverables	0		
21. Total ceded reinsurance recoverables	9,401,628		
22. Premiums receivable	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24. Unauthorized reinsurance	0		
25. Other ceded reinsurance payables/offsets	0		
26. Total ceded reinsurance payables/offsets	0		
27. Total net credit for ceded reinsurance	9,401,628		

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

States, Etc.		Direct Business Only					
		1	2	3	4	5	6
		Life (Group and individual)	Annuities (Group and individual)	Disability Income (Group and individual)	Long-Term Care (Group and individual)	Deposit-Type Contracts	Totals
1. Alabama	AL						0
2. Alaska	AK						0
3. Arizona	AZ						0
4. Arkansas	AR						0
5. California	CA						0
6. Colorado	CO						0
7. Connecticut	CT						0
8. Delaware	DE						0
9. District of Columbia	DC						0
10. Florida	FL						0
11. Georgia	GA						0
12. Hawaii	HI						0
13. Idaho	ID						0
14. Illinois	IL						0
15. Indiana	IN						0
16. Iowa	IA						0
17. Kansas	KS						0
18. Kentucky	KY						0
19. Louisiana	LA						0
20. Maine	ME						0
21. Maryland	MD						0
22. Massachusetts	MA						0
23. Michigan	MI						0
24. Minnesota	MN						0
25. Mississippi	MS						0
26. Missouri	MO						0
27. Montana	MT						0
28. Nebraska	NE						0
29. Nevada	NV						0
30. New Hampshire	NH						0
31. New Jersey	NJ						0
32. New Mexico	NM						0
33. New York	NY						0
34. North Carolina	NC						0
35. North Dakota	ND						0
36. Ohio	OH						0
37. Oklahoma	OK						0
38. Oregon	OR						0
39. Pennsylvania	PA						0
40. Rhode Island	RI						0
41. South Carolina	SC						0
42. South Dakota	SD						0
43. Tennessee	TN						0
44. Texas	TX						0
45. Utah	UT						0
46. Vermont	VT						0
47. Virginia	VA						0
48. Washington	WA						0
49. West Virginia	WV						0
50. Wisconsin	WI						0
51. Wyoming	WY						0
52. American Samoa	AS						0
53. Guam	GU						0
54. Puerto Rico	PR						0
55. U.S. Virgin Islands	VI						0
56. Northern Mariana Islands	MP						0
57. Canada	CN						0
58. Other Alien	OT						0
59. Totals		0	0	0	0	0	0

NONE

SCHEDULE Y

PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
69671	61-1041514	Humana Health Insurance Co FL, Inc.					81,505,227	216,891,436			298,396,663	
00000	61-1343508	Humana Marketpoint, Inc.					341,412,037				341,412,037	
00000	61-1241225	Humana Military Healthcare Services, Inc.					(27,714,050)				(27,714,050)	
95270	61-1103898	Humana Medical Plan, Inc.	192,000,000				(460,301,279)	(216,891,436)			(485,192,715)	
95885	61-1013183	Humana Health Plan, Inc.					(230,069,062)	(136,149,966)			(366,219,028)	
95348	31-1154200	Humana Health Plan of Ohio, Inc.	4,000,000				(26,985,622)	(242,815,788)			(265,801,410)	
95024	61-0994632	Humana Health Plan of Texas, Inc.	5,000,000				(44,161,965)	(354,991,822)			(394,153,787)	
54739	52-1157181	The Dental Concern, Inc.	800,000				(2,227,063)				(1,427,063)	
00000	61-0647538	Humana Inc.	(774,050,000)	131,917,329			962,812,926				320,680,255	
00000	61-1232669	Managed Care Indemnity, Inc.	60,000,000				28,900,000				88,900,000	
00000	61-1223418	Health Value Management, Inc.					(32,474,293)				(32,474,293)	
95342	39-1525003	Humana WI Health Org. Insurance Corp.	5,000,000				(19,167,007)	(99,206,956)			(113,373,963)	
73288	39-1263473	Humana Insurance Company	320,000,000				(287,554,482)	980,419,338			1,012,864,856	
52028	39-3654697	The Dental Concern, Ltd.	250,000				61,278				311,278	
95519	58-2209549	Humana Employers Health Plan of GA, Inc.					(22,517,369)	(147,254,806)			(169,772,175)	
70580	39-0714280	HumanaDental Insurance Company	22,000,000				(19,833,268)				2,166,732	
88595	31-0935772	Emphesys Insurance Company					(253,417)				(253,417)	
60219	61-1311605	Humana Insurance Company of Kentucky					(1,962,379)				(1,962,379)	
00000	66-0291866	PCA Insurance Group of Puerto Rico, Inc.					(457,144)				(457,144)	
00000	66-0406896	PCA Health Plans of Puerto Rico, Inc.					(1,249,422)				(1,249,422)	
95642	72-1279235	Humana Health Benefit Plan of LA, Inc.					(107,975,007)				(107,975,007)	
95092	59-2598550	CarePlus Health Plans, Inc.	20,000,000				(45,824,648)				(25,824,648)	
12634	20-2888723	Humana Insurance Company of New York					(17,456,353)				(17,456,353)	
95158	61-1279717	CHA HMO					204,894				204,894	
00000	61-1383567	HUM-e-FL, Inc.									0	
00000	20-3364857	Humana MarketPOINT of Puerto Rico, Inc.									0	
00000	58-93028	Humana Health Enterprises UK Ltd.		(12,917,329)							(12,917,329)	
00000	26-0010657	CAC-Florida Medical Centers, LLC					(4,469,037)				(4,469,037)	
00000	61-1316926	Humana Pharmacy, Inc.					(2,951,357)				(2,951,357)	
00000	61-1343791	Humana Innovation Enterprises, Inc.					(2,419)				(2,419)	
00000	20-2620891	Green Ribbon Health, LLC					14,454				14,454	
00000	75-2043865	Corphealth, Inc.					(2,398,613)				(2,398,613)	
00000	20-1377270	KWG America Corporation		(115,000,000)							(115,000,000)	
65110	57-0380426	Kanawha Insurance Co.					(5,516,153)				(5,516,153)	
00000	74-2352809	Texas Dental Plans, Inc.					(33,943)				(33,943)	
12908	20-8411422	Humana Medical Plan of Utah					(489,382)				(489,382)	
95107	56-1796975	American Dental Plan of NC					(133,922)				(133,922)	
11559	58-2302163	American Dental Providers of AR					(38,054)				(38,054)	
12250	63-1063101	CompBenefits of Alabama	500,000				(75,037)				424,963	
52015	59-2531815	CompBenefits Company					(21,690,097)				(21,690,097)	
95161	76-0039628	DentiCare, Inc.	2,000,000				(4,576,771)				(2,576,771)	
11228	36-3686002	CompBenefits Dental, Inc.	1,500,000				(3,522,624)				(2,022,624)	

39.1

39.1

39.1

39.1

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

	Responses
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....YES.....
2. Will an actuarial opinion be filed by March 1?	.....YES.....
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....YES.....
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	.....YES.....

APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?	.....YES.....
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	.....YES.....
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....YES.....

JUNE FILING

8. Will an audited financial report be filed by June 1?	.....YES.....
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	.....YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....YES.....
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
12. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
13. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....NO.....
14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....NO.....






APRIL FILING

17. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....NO.....
18. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....NO.....
19. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	.....NO.....





Explanation:

11. Business not written
12. Business not written
13. Business not written
14. Business not written
15. Business not written
16. Business not written
17. Business not written
18. Business not written
19. Business not written

Bar code:

11.	 9 5 8 8 5 2 0 0 9 2 0 5 0 0 0 0 0
12.	 9 5 8 8 5 2 0 0 9 2 0 7 0 0 0 0 0
13.	 9 5 8 8 5 2 0 0 9 4 2 0 0 0 0 0 0
14.	 9 5 8 8 5 2 0 0 9 3 7 1 0 0 0 0 0
15.	 9 5 8 8 5 2 0 0 9 3 7 0 0 0 0 0 0
16.	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

	 9 5 8 8 5 2 0 0 9 3 6 5 0 0 0 0 0
17.	 9 5 8 8 5 2 0 0 9 3 0 6 0 0 0 0 0
18.	 9 5 8 8 5 2 0 0 9 2 1 1 5 9 0 0 0
19.	 9 5 8 8 5 2 0 0 9 2 1 3 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 23.
*ASSETS - Assets

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 – 2)	Net Admitted Assets
2304. Deposits.....	43,706	43,706	0	0
2305.			0	0
2397. Summary of remaining write-ins for Line 23 from Page 2	43,706	43,706	0	0

M016 Additional Aggregate Lines for Page 16 Line 23.
*EXNONADMIT - Exhibit of Nonadmitted Assets

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 – Col. 1)
2304. Deposits.....	43,706	43,706	0
2397. Summary of remaining write-ins for Line 23 from Page 16	43,706	43,706	0



For the Year Ended December 31, 2009

(To Be Filed by March 1)

FOR THE STATE OF Colorado

NAIC Group Code 0119

NAIC Company Code 95885

Address (City, State and Zip Code) Louisville, Kentucky 40202

Person Completing This Exhibit Murray L. Gipe

Title Manager - Statutory Reporting

Telephone Number 502-580-1548

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details:

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

2.1 Address: Waterside Bldg., 101 E Main Street Louisville, KY 40202

2.2 Contact Person and Phone Number: David Burianek Mr. 502-580-8683

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

3.1 Address: Waterside Bldg., 101 E. Main Street Louisville, KY 50202

3.2 Contact Person and Phone Number: Gracie Baldwin Ms. 502-580-7950

4. Explain any policies identified above as policy type "O".

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